Complete loss of cutaneous sensibility and of the muscular sense over the entire body below the second rib and the upper dorsal vertebræ; complete flaccid paraplegia inferior; paralysis vesicæ et recti; complete absence of the tendon and skin reflexes of the lower extremities and trunk; loss of the mechanical muscle; excitability and great reduction of the electric; paralysis of the intercostal muscles and difficult respiration, chiefly affecting the diaphragm and the cervical muscles; the movements of the head, upper extremities, and further the consciousness and speech undisturbed; extensive decubitus in several spots, with gradual aggravation of the general condition and increase of the dyspnœa. Death occurred September 18th. Two days before, somnolence had added itself, together with acceleration of the pulse and high temperature, to the list of symptoms.

Post-mortem examination revealed an oblique fracture of the second dorsal vertebra, with splintering of the bone, dislocation of the cartilage, and hæmorrhage in its surroundings. Corresponding to this place, there was found on the spinal cord, at the place between the cervical and the dorsal portions, a focus of softening, about one inch in length, in the whole breadth of the substance of the spinal cord. The softened place was reddishly colored; the dura mater in the neighborhood of the fractured vertebræ was thickened, hyperæmic, and adherent to a splinter of bone, which had been broken off. Below the softened place the appearance of the cord was normal. Microscopic investigation of the same revealed ascending and descending degeneration; otherwise the tissue of the cord, even in distant regions—as, for example, from the lumbar enlargement—seemed dull, yet without distinct pathological changes.

In considering the case, the writer calls attention to the difficulty of explaining the absence of the tendon-skin reflexes in compression of the cord.

A similar case was published, a short time ago, by Leyden and Jürgens (Berliner klin. Wochenschr., 1888, Nos. 22 and 24). In this case they would ascribe the absence to the trauma being so violent as to cause an irritation of the cord and subsequent inhibition of the reflexes.

P. & P.

ERB'S PARALYSIS.

The "Lancet" (March 1, 1890) records two cases that were exhibited before the Medical Society of London. The first was a man, thirty-one years old, who fell down-stairs, after drinking too much, and struck the point of the shoulder, causing inability to use the joint. The deltoid, supra-spinatus, infra-spinatus, pectoralis major (slightly), triceps, brachialis anticus, and supinator longus were affected, reacting only slightly to faradism, the deltoid not at all. The faradic current was slowly bringing about a cure.

The second case, a man of thirty-seven, was pitched from a cab, falling on the left shoulder and side of the head, stretching and straining the neck. He gradually lost the use of the arm. About the shoulder there was some anæsthesia at first. The biceps, coraco-brachialis, brachialis anticus, deltoid, and supra-spinatus were completely paralyzed. To strong faradism there was no reaction, the muscles giving the reaction of degeneration. A stretching of the brachial plexus is the cause of nearly all such paralyses, this stretching corresponding to a lesion of the fifth and sixth cervical nerves before joining the plexus. In the monkey, paralysis of the biceps, supinator longus, and deltoid follows the division of these nerves.

A woman, falling asleep with the neck resting against the edge of the table, found herself in this same unhappy plight on awaking. The same thing might happen in infantile paralysis; without anæsthesia, however, the lesion being situated in the anterior horns.

In answer to questions, Dr. Beevor, who exhibited the last case, said there had been no pupillary phenomena, which could only occur if the second dorsal nerve was also affected. He believed that the supinator longus was not a pronator or a supinator, but a pure flexor, and that the action of a muscle produced by faradism was not the same as that produced by the will.

MALARIAL NEURITIS AND NEURO-RETINITIS.

The "British Medical Journal" (March 9, 1890) has a paper on this subject, by N. C. Macnamara. In places where malaria prevails, says the author, hemicrania, sciatica, and loss of sight, in connection with intermittent fever, are not unfrequently met with. A case cited, a former tea-planter in Assam, had frequent attacks of intermittent fever; and several times, accompanying such attacks, impairment of vision that prevented reading and writing for ten days or a fortnight. An attack of ague in England produced in a few hours marked disturbances of vision. With the right eye he could only decipher the letters of Snellen 2.25; and with the left fingers could only be dimly counted. The pupils acted imperfectly to light, and were somewhat dilated. There was no pain, photophobia, or